

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of the first inventor:	*	Group Art Unit: 1795
Shen-Kan Hsiung	*	
	*	Examiner: E. Wong
	*	
Serial No: 11/750,072	*	Attorney Docket No:
	*	
Filed: 12-31-2003	*	
	*	
Title: USING POLYPYRROLE AS THE	*	
CONTRAST PH DETECTOR TO	*	
FABRICATE A WHOLE SOLID-	*	
STATE PH SENSING DEVICE	*	

United States Patent and Trademark Office  
Commissioner for Patents  
P.O. Box 1450  
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**CHANGE POWER OF ATTORNEY AND CORRESPONDENCE ADDRESS**

This correspondence is to revoke current Power of Attorney (POA) with a new POA.  
Attached are,

1. revocation of POA with new POA

Please change the POA for the subject U.S. patent and associate the correspondence address with the new POA's customer number 62439.

Respectfully submitted,  
Sinorica, LLC

Date: 01-05-2008 \_\_\_\_\_

\_\_\_\_\_  
/Ming Chow/  
Ming Chow, Reg. No.: 58531

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**REVOCATION OF POWER OF  
ATTORNEY WITH  
NEW POWER OF ATTORNEY**

Application Number	10/750,072
Patent Number	
Filing Date	12/31/2003
First Named Inventor	Shen-Kan HSIUNG
Art Unit	1753
Examiner Name	WONG, EDNA
Attorney Docket Number	

I (we) hereby revoke all previous powers of attorney given in the above-identified application.

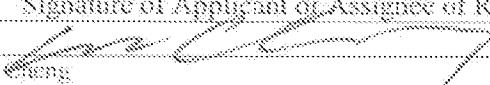
☒ I hereby appoint the practitioners associated with the customer number: 62439

I am / We are the (select one):

☐ Applicant(s) / Inventor(s)

☒ Assignee(s) of record of the entire interest.

See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

Signature of Applicant or Assignee of Record			
Signature			
Name	Wan-Lee Chung		
Date	12-11-07	Telephone	

Signature of Applicant or Assignee of Record			
Signature			
Name			
Date		Telephone	

Signature of Applicant or Assignee of Record			
Signature			
Name			
Date		Telephone	

Signature of Applicant or Assignee of Record			
Signature			
Name			
Date		Telephone	

Signature of Applicant or Assignee of Record			
Signature			
Name			
Date		Telephone	

Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.

☐ Total of \_\_\_\_\_ forms are submitted.